



DATE: 03/07/2013	DOCUMENT ID 201306501507	DESCRIPTION ARTICLES OF ORGNZTN/DOM. PROFIT LIM.LIAB. CO. (LCP)	FILING 125.00	EXPED .00	PENALTY	CERT .00	COPY .00
---------------------	-----------------------------	---	------------------	--------------	---------	-------------	-------------

Receipt

This is not a bill. Please do not remit payment.

PARRISH MARCUM HIRKA & TROKHAN CO., LPA
LEE H. PARRISH, ESQ.
300 HIGH STREET, #800
HAMILTON, OH 45011

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted**2179210**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

16 S POPLAR, LLC

and, that said business records show the filing and recording of:

Document(s)

ARTICLES OF ORGNZTN/DOM. PROFIT LIM.LIAB. CO.

Document No(s):

201306501507**Effective Date: 03/04/2013**

United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of
the Secretary of State at Columbus,
Ohio this 7th day of March, A.D.
2013.

Ohio Secretary of State

Expedite Filing (Two-business day processing time requires an additional \$100.00).
P.O. Box 1390
Columbus, OH 43216

Last Revised: 11/29/12

ORIGINAL APPOINTMENT OF AGENT

The undersigned authorized member(s), manager(s) or representative(s) of

16 S Poplar, LLC

Name of Limited Liability Company

hereby appoint the following to be Statutory Agent upon whom any process, notice or demand required or permitted by statute to be served upon the limited liability company may be served. The name and address of the agent is

Lee H. Parrish

Name of Agent

300 High Street, Suite 800

Mailing Address

Hamilton

City

Ohio

State

45011

ZIP Code

ACCEPTANCE OF APPOINTMENT

The undersigned, Lee H. Parrish named herein as the statutory agent

Statutory Agent Name

for 16 S Poplar, LLC

Name of Limited Liability Company

hereby acknowledges and accepts the appointment of agent for said limited liability company

Statutory Agent Signature Lee H. Parrish

Individual Agent's Signature / Signature on Behalf of Corporate Agent

☐ If the agent is an individual and using a P.O. Box, check this box to confirm that the agent is an Ohio resident.

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

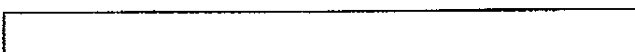
Required

Articles and original appointment of agent must be signed by a member, manager or other representative.

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

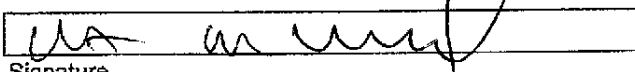
If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

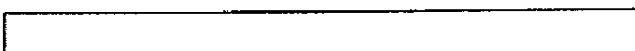

Signature



By (if applicable)

Benjamin W. Federbush
Print Name

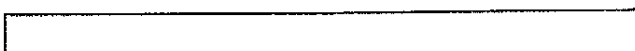

Signature



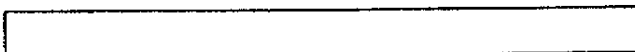
By (if applicable)

Peter H. Friedland
Print Name


Signature



By (if applicable)



Print Name